

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42311**  
**10736**  
Registrar's No.

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>30 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2239</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>3830 North 23d Street</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>ORVILLE</b>		b. (Middle) <b>HAGNAUER</b>		c. (Last)	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>March 13, 1891</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Switchman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>		9. AGE (In years last birthday) <b>59</b>		11. BIRTHPLACE (State or foreign country) <b>Highland, Illinois</b>	
13a. FATHER'S NAME <b>Emil Hagnauer</b>		13b. MOTHER'S MAIDEN NAME <b>Frances Coph</b>		14. NAME OF HUSBAND OR WIFE <b>Emma Hagnauer</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>World War I</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Emma Hagnauer</b>		ADDRESS <b>3830 N. 23d St.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Colon</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of Colon</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>4 mo.</b> <b>8 Mo.</b>	
19a. DATE OF OPERATION <b>12/30/50</b>		19b. MAJOR FINDINGS OF OPERATION <b>Advanced Carcinoma</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>153X</b>			
22. I hereby certify that I attended the deceased from <b>17 Nov</b> , 19 <b>50</b> , to <b>14 Dec</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>14 Dec</b> , 19 <b>50</b> , and that death occurred at <b>5:15 P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Queen &amp; Houston M.D.</b>				23b. ADDRESS <b>Missouri Theatre Bldg.</b>		23c. DATE SIGNED <b>12-15-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>December 18, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>DEC 16 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Isalter</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. A. Stock Mortuary, 2117 E. Grand</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 18 1961

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Frank A. Moore*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3041

P. O. Address 2117 E. Kien

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.